Name in Full: Mrs Regina Allina

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Towson — County: Baltimore

Date of death 1904: Month: April — Day: 2-4

Age: Years: 65 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Hungaria

~~Married, Single~~ or Widowed: — Occupation: —

Name of Wife or Husband: Philip Allina

Father's Name: does Not Know — Father's Birthplace: Do Not Know

Mother's Maiden Name: Jelinek — Mother's Birthplace: Do Not Know

Name of person giving In formation: Henry Allina — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: Ten days

Immediate: Do — How long: Do

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D W C Garrett

Address: Towson Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88819

Name in Full: Elizabeth Armacost

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Carmel — County: Balto

Date of death 1904: Month: 4 — Day: 18 — Age: Years: 79 — Months: 5 — Days: 23

Sex: Female — Color or Race: White — Birthplace: Mt Carmel, Md

Married, Single or Widowed: Widow — Occupation:

Name of Wife or Husband: Joshua Armacost

Father's Name: Daniel Bosson — Father's Birthplace: Mt Carmel

Mother's Maiden Name: Rachel Busba — Mother's Birthplace: " "

Name of person giving information: Jos S. W. Armacost — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of old age — How long: 2 weeks

Immediate: Heart Failure — How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. M. Krah M.D.

Address: Baltimore Md

Accident or Suicide?

LIBRARY BUREAU A89518

Name in Full: Harry Baer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Consumptive Hospital, County: Baltimore Co

Date of death 1904: Month: 4, Day: 29, Age: Years: 20, Months: 4, Days:

Sex: Male | Color or Race: Hebrew | Birthplace: Philadelphia

Married, Single or Widowed: Single | Occupation: Glovers

Name of Wife or Husband:

Father's Name: Harry Baer | Father's Birthplace: Germany

Mother's Maiden Name: Rebecca Baer | Mother's Birthplace: Baltimore

Name of person giving information: Mrs Hoffman | How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis | How long: 3 years

Immediate: Tuberculosis | How long: 3 years

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W A Daniels

Address: Towson, Md.

Accident or Suicide? No

LIBRARY BUREAU A88216

Name in Full: Julia Ann Bailey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville County: Balto.

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month: June	Day: 14	Age: Years: 79	Months	Days
Sex: Female	Color or Race: White		Birthplace: Md		
Occupation: None	Where Residing if not at place of death: X				
Married, Single or Widowed: Widowed	Name of Wife or Husband: X				
Father's Name: X			Father's Birthplace: X		
Mother's Maiden Name: X			Mother's Birthplace: X		
Name of person giving Information: X			How related to deceased: X		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia	How long: 10 years.	
Immediate: Chronic Interstitial Nephritis	How long: 2 years —	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Geo Rude	
	Address: Catonsville, Md	
Accident or Suicide? No.		

LIBRARY BUREAU A88516

Name in Full: Henry Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville, County: Balto.

Date of death: Month: April, Day: 18, Year: 1904

Age: Years: 33, Months, Days

Sex: Male

Color or Race: Col'd.

Birthplace: Md.

Occupation: Laborer

Where Residing if not at place of death: X

Married, Single or Widowed: Single

Name of Wife or Husband: X

Father's Name: X

Father's Birthplace: X

Mother's Maiden Name: X

Mother's Birthplace: X

Name of person giving Imformation: X

How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Recurrent Mania — How long: 14 Years.

Immediate: Pulmonary Tuberculosis — How long: 2 years.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno. C. Rude

Address: Catonsville Md

Accident or Suicide? No.

LIBRARY BUREAU A66613

Name in Full: Martha Banks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ella — County: Baltimore

Date of death 1904: Month: April — Day: 16 — Age: Years: 34 — Months: — Days: —

Sex: Female — Color or Race: Colord — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: House Keeper

Name of Wife or Husband: Alexander Banks

Father's Name: Allen Colr — Father's Birthplace: Maryland

Mother's Maiden Name: Mary J Boyer — Mother's Birthplace: do

Name of person giving information: [illegible] — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 9 days

Immediate: Heart Failure — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. J. Byrne

Address: Ellicott City

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Annie C. Barlow

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Orangeville — County: Balto

Date of death: 1904 — Month: 4 — Day: 14 — Age: Years 57. — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: Retired Lady — Where Residing if not at place of death:

~~Married, Single~~ or Widowed — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Andrew Eckstein. — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrage. — How long: 4 days.

Immediate: Paralysis. — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. A. Schofield

Address: 1402 Fleet St.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Edith L. Barton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Phoenix; County: Balto

Date of death: Month: April; Day: 22; 1904

Age: Years: ; Months: ; Days: 4

Sex: Female; Color or Race: White; Birthplace: Phoenix

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: ; Name of Wife or Husband: —

Father's Name: Charles Barton; Father's Birthplace: Harford Co Md

Mother's Maiden Name: Augusta Bennett; Mother's Birthplace: Philadelphia

Name of person giving In formation: Charles Barton; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal Deformity; How long: —

Immediate: ; How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Ross Payne

Address: Corbett

Accident or Suicide?

LIBRARY BUREAU A66516

Acc ident or Suicide?

Name in Full: Miss Margaret Beatty

CERTIFICATE OF DEATH

Died at St. Agnes' Hospital, Town: [illegible] County: Balto. MARYLAND

Date of death 1904.	Month: April	Day: 20	Years: Age 56	Months:	Days:

Sex	Color or Race	Birthplace
Female	White	Maryland

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	Joseph Beatty	Father's Birthplace: Balto.
Mother's Maiden Name	Mary Higgins	Mother's Birthplace: Balto.
Name of person giving Information	Mr J Beatty	How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Sarcoma	How long
Immediate	Pulmonary Oedema	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. Mara M.D.

Address: St. Agnes Hospital

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Julia M. Bedford

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Union ave (County) Baltimore

Date of death 1904 — Month: April — Day: 9 — Age: Years 4 — Months 6 m — Days 4

Sex: Female — Color or Race: White — Birthplace: Balto. city

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William T. Bedford — Father's Birthplace: Balto. co

Mother's Maiden Name: Kaline — Mother's Birthplace: Balto. co

Name of person giving In formation: Mrs. Bedford — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scarlet Fever — How long: One week

Immediate: Diphtheria — How long: 3 Days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. B. Joyce M.D.

Address: 1800 W. North ave

Accident or Suicide?

LIBRARY BUREAU A85919

Name in Full — Willmina Bell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Near Granite — County: Baltimore

Date of death 1904	Month	Day	Years	Months	Days
	Apr	Tues 26	Age 18	6	—

Sex: Female — Color or Race: Black — Birthplace: Balto Co

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband: —

Father's Name: Alfred Bell — Father's Birthplace: Balto Co

Mother's Maiden Name: Dora Rayner — Mother's Birthplace: Balto Co

Name of person giving information: Woman Nurses — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis (Consumption) — How long: 6 mos

Immediate: Lung Failure — How long: —

Are the name, age, sex, color, date and place correctly given above? yes as far as can be

Signature of Physician: J. B. Offutt

Address: Granite Md

Accident or Suicide? Neither

LIBRARY BUREAU 46S516

Name in Full: Mary Anne Branagan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Balto.

Date of death 190 4: Month: April — Day: 6 — Age: Years: 68 yr — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Widow — Occupation: —

Name of Wife or Husband: Christopher Branagan

Father's Name: Not Known — Father's Birthplace: Ireland.

Mother's Maiden Name: Mary Anne Reilly — Mother's Birthplace: Ireland

Name of person giving Information: Christopher Branagan — How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis — How long: 8 mos.

Immediate: Asthenia — How long: — 3 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. J. McAvoy

Address: 839 S. Canton Ave. Balto. Md

Accident or Suicide?

LIBRARY BUREAU A86316

Name in Full: Barbara Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto

Date of death: 1904; Month: 4; Day: 29

Age: Years: 34; Months: ; Days:

Sex: Female; Color or Race: White; Birthplace: Balto Md

Occupation: House work; Where Residing if not at place of death: 402 Bratt St

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Magnus Brown; Father's Birthplace: Md

Mother's Maiden Name: Mary Witzell; Mother's Birthplace: Md

Name of person giving Information: Magnus Brown; How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Parenchymatis Nephritis; How long: Several Yrs.

Immediate: Exhaustion Ed Coma; How long: 15 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. L. Druxman

Address: 3 Eq Lough Highland Town Md

Accident or Suicide? No

LIBRARY BUREAU A88516

St. Alphonsus Cemetery

May 2nd 1904

Germanus Thanner

Undertaker

Name in Full: Eliza Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Bayneville (County) Balto.

Date of death 1904 Month Apr. Day 5th Age Years 67 Months — Days —

Sex Female Color or Race White Birth-place Balto Co

Occupation Housewife Where Residing if not at place of death Bayneville

Married, Single or Widowed Married Name of Wife or Husband Piper Brown

Father's Name Richard Bleakenly Father's Birthplace England

Mother's Maiden Name Bessie Corbyn Mother's Birthplace England

Name of person giving In formation Chas. H. Brown How related to deceased Son-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Intestinal Obstruction How long About 3 weeks

Immediate Gangrene - Failure of Vital Forces How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Lingard D. White for D.

Address Fullerton, Md.

Accident or Suicide? No

LIBRARY BUREAU A66818

John Burns Sons

Providence Cem.

Providence

Name in Full: Leo. Burk

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dulaneys valley; County: Balto

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Apr.	Day: 24	Age: Years: 21	Months: 2	Days: 3
Sex: Male	Color or Race: Black		Birthplace: Balto Co Md		
Occupation: Labrer	Where Residing if not at place of death: ✓				
Married, Single or Widowed: Single	Name of Wife or Husband: ✓				
Father's Name: Frederick Edward Burk			Father's Birthplace: Balto Co Md		
Mother's Maiden Name: Laura V Jamison			Mother's Birthplace: " " "		
Name of person giving In formation: Edward Burk			How related to deceased: Bro.		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption		How long: 4 Mons
Immediate: "		How long: "
Are the name, age, sex, color, data and place correctly given above? Yes.	Signature of Physician: John S. Grear	
Accident or Suicide?	Address: [redacted] Per V.F.H.G.	

LIBRARY BUREAU A66616

Name in Full: John F. Burlin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fullerton — County: Balto

Date of death 190 ✓: Month: April — Day: 14 — Years: 69 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Cecil Co. Md.

Married, Single or Widowed — Occupation: ~~Carpenter~~ labor

Name of Wife or Husband: Frances A Burlin

Father's Name — Father's Birthplace: Cecil, Co. Md

Mother's Maiden Name: Nancy Burlin — Mother's Birthplace: " "

Name of person giving information: Samuel C. Burlin — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency — How long: Some years.

Immediate: Failure Compensation — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

To best of my knowledge.

Accident or Suicide? No

Signature of Physician: Luigard D. Whitford

Address: Fullerton, Balto Co. Md.

LIBRARY BUREAU A66216

Name in Full: Rosina Buschelberger

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton; County: Baltimore

Date of death 1904: Month: Apr.; Day: 7

Age: Years: 75; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Germany

Married, Single or Widowed: Widow

Occupation: None

Name of Wife or Husband: Charles Buschelberger

Father's Name: dont know

Father's Birthplace: Germany

Mother's Maiden Name: dont know

Mother's Birthplace: Germany

Name of person giving In formation: John Buschelberger

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy

How long: 2 days.

Immediate: —

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. L. Warner M.D.

Address: 1120 Highland Ave

Accident or Suicide? —

LIBRARY BUREAU A88016

Mount Carmel Cemetery

April 8th 1904

Germanus France

Name in Full: Ellen Campbell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Hope — County: Baltimore

Date of death 1904: Month: Apr — Day: 2 — Age: Years: 80 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Home — Where Residing if not at place of death: Mt Hope

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: History — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: One week

Immediate: Intemperation — How long: Gradual

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles G. Hill

Address: Mt Hope Retreat Balto. Co. Md

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full: James A. Cowles

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: White Marsh — County: Balto

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Apr	Day: 25th	Age: 68	Months: —	Days: —
Sex: male	Color or Race: White		Birthplace: Md		
Occupation: Farmer	Where Residing if not at place of death: —				
Married, Single or ~~Widowed~~: widower	Name or Wife or Husband: —				
Father's Name: —			Father's Birthplace: —		
Mother's Maiden Name: —			Mother's Birthplace: —		
Name of person giving In formation: Edward Cowles			How related to deceased: son		

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Apoplexy	How long: 3 days	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above? JS	Signature of Physician: John M Harrison M D	
	Address: Middle River Md	
Accident or Suicide? N		

LIBRARY BUREAU A88818

Name in Full: Margaret A. Carmody

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cecila County: Balto

Date of death 190 4 — Month: Apr. — Day: 23 — Years: Age 17 — Months: 6 — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John L Carmody — Father's Birthplace: Md

Mother's Maiden Name: Rachel V. Morris — Mother's Birthplace: Md

Name of person giving Information: John L Carmody — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: One year

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno W Blogwell

Address: Elkton Cecil Md

Accident or Suicide? —

LIBRARY BUREAU A30616

Name in Full: Pricilar Carr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockland — County: Balto.

Date of death: Month: Apr. — Day: 6 — Years: 12 — Months: 2 — Days:

Sex: female. — Color or Race: colored — Birthplace: Harford Co

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Otter Scott Carr — Father's Birthplace: Harford Co

Mother's Maiden Name: Sarah Tyler. — Mother's Birthplace: Harford Co.

Name of person giving In formation: Mr. Pricilar Smith — How related to deceased: Aunt.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Deptheria — How long: 3 weeks.

Immediate: Septicemia — How long: 8 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Morris Shanks.

Address: Mt. Washington

Accident or Suicide?

LIBRARY BUREAU A28816

John A Burns Sons
Sisters Bath
Co

Name in Full: Lotta Charnes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Towson; County: Baltimore

Date of death 1904: Month: April; Day: 15th; Years: Age 22; Months: Two Months; Days:

Sex: Female; Color or Race: Black; Birthplace: South Carolina

Married, Single or Widowed: Single; Occupation: Domestic

Name of Wife or Husband:

Father's Name: James Montgomery; Father's Birthplace: South Carolina

Mother's Maiden Name: Marie Tilman; Mother's Birthplace: South Carolina

Name of person giving information: Andrew Montgomery; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lagrippe; How long: Two months

Immediate: Consumption; How long: Two months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D W Garrett

Address: Towson

Accident or Suicide?

LIBRARY BUREAU A88819

Robert A Elliott
undertaker

Name in Full: Philip Christ

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Halethorpe (County) Balto

Date of death 1904 — Month 4 — Day 18 — Age — Years 65 — Months 4 — Days

Sex: Male — Color or Race: White — Birthplace: Baltimore Md

Married, ~~Single~~ or Widowed — Occupation: Car Inspector

Name of Wife or Husband: Elizabeth Christ

Father's Name: Philip Christ — Father's Birthplace: Germany

Mother's Maiden Name: Charlotta Hunnich — Mother's Birthplace: "

Name of person giving information: Agenpritz — How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Stomach — How long: 6 mo

Immediate: Pneumonia & Paralysis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W B Hall

Address: Wt Winans

Accident or ~~Suicide~~?

LIBRARY BUREAU A88516

H. Sander & Son.

1710 Canton Ave

Name in Full Ethel G. Colhouer

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Washington Road — County: Balto

Date of death 1904 — Month: 4 — Day: 25

Age — Years: 2 — Months: 11 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Balto Co.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: George M. Colhouer — Father's Birthplace: Maryland

Mother's Maiden Name: Maggie M. Michael — Mother's Birthplace: Maryland

Name of person giving In formation: George M. Colhouer — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 10 mos.

Immediate: Exhaustion. — How long:

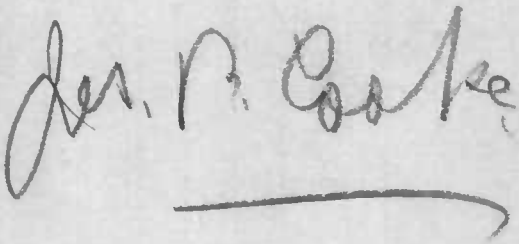
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno Jarman

Address: 613 Park Ave

Accident or Suicide? No

LIBRARY BUREAU A89516



Name in Full: Charles Harris Collings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lutherville; County: Baltimore

Date of death: Month: 4; Day: 6; Years: 48; Months: 7; Days: 29

Sex: Male; Color or Race: White; Birthplace: Maryland

Occupation: Clerk; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Collings; Father's Birthplace: Baltimore

Mother's Maiden Name: Eliza Hamill; Mother's Birthplace: Cecil County

Name of person giving Information: Samuel Collings; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hepatitis + Myocarditis; How long: Two months

Immediate: Heart failure; How long: died suddenly

Are the name, age, sex, color, date and place correctly given above? yep.

Signature of Physician: H A Jarrett

Address: Towson, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU Ad5516

Name in Full: Louis E. Collver

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highlandtown — County: Balto.

Date of death 1904 — Month: Apr. — Day: 21st

Age — Years: 1 — Months: 1 — Days: 1

Sex: Male

Color or Race: White

Birthplace: Balto. Co.

Married, Single or Widowed: Single

Occupation: none

Name of Wife or Husband:

Father's Name: Chas. E. Collver

Father's Birthplace: Md.

Mother's Maiden Name: Emma Marshall

Mother's Birthplace: Md.

Name of person giving information: Chas. E. Collver

How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: 7 days

Immediate: asphyxia

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. S. Warner M.D.

Address: 1120 Highland Ave

Accident or Suicide? No

LIBRARY BUREAU A88516

Germanus Strance

Apr. 23rd 1904

Schwartz's Cemetery

Name in Full: Eliza Cook

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville — County: Balto.

Date of death 1904: Month: April — Day: 4th — Age: Years: 43 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Howard Co Md

Married, Single or Widowed: Single — Occupation: Domestic

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving information: William Nelson — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Lagrippe — How long: 3 mo

Immediate: Asthenia — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D Eu. Stultz M.D.

Address: Catonsville Md.

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Filippo Costaggini

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bradshaw — County: Baltimore

Date of death 1907 — Month: 4 — Day: 13 — Years: Age 66 — Months — Days —

Sex: Male — Color or Race: White — Birthplace: Rome Italy

Occupation: Artist — Where Residing if not at place of death:

Married, Single or ~~Widowed~~ — Name of Wife or Husband:

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: Louis Costaggini — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Cancer of Mouth — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. A. Keyser M.D.

Address: Frankinville Balto Co Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Unnamed Infant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Wallis — County: Balt

Date of death 1904: Month: apr — Day: 17 — Age: Years: — Months: 1 — Days: —

Sex: Male — Color or Race: Colored — Birthplace: md

~~Condition~~: — — Where Residing if not at place of death: —

~~Married, Single or Widowed~~: — — Name of Wife or Husband: —

Father's Name: Wm Craig — Father's Birthplace: md

Mother's Maiden Name: Emma J Brown — Mother's Birthplace: md

Name of person giving In formation: Washington Brown — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lt Infpe — How long: 3 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide? William O Jenkins Corner

LIBRARY BUREAU A80316

CERTIFICATE OF DEATH

MARYLAND

Name in Full: William E. Crusse

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highlandtown — County: Baltimore

Date of death 1904 — Month: 4 — Day: 28 — Age — Years: — Months: 9 — Days: 11

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: Charles Crusse — Father's Birthplace: Maryland

Mother's Maiden Name: Katie Sweeney — Mother's Birthplace: Maryland

Name of person giving information: Charles Crusse — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 1 week

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Trimble M.D.

Address: 3 Ann & Gough Sts Highlandtown

Accident or Suicide? —

LIBRARY BUREAU AA8818

Name in Full: Ann Curran

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hillsville — County: Balto

Date of death 1904: Month: 4 — Day: 7 — Age: Yaars: 72 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation

Married, Single or Widowed

Name of Wife or Husband: Michael Curran

Father's Name: John Kelly — Father's Birthplace: Ireland

Mother's Maiden Name: Mary Mahoney — Mother's Birthplace: Ireland

Name of person giving information: Daughter — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 6 weeks

Immediata: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos B. Hall

Address: Ilchester

Accident or Suicide?

LIBRARY BUREAU A88016

John J. Crowe.

St Peters Church

Name in Full: John Denver

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Agnes Hospital; County: Balto

Date of death 190 4: Month: April; Day: 17; Age: Years 23; Months; Days

Sex: Male; Color or Race: White; Birthplace: Pittsburg Pa

Occupation: Student; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Information: ; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Miliary Tuberculosis (Pulm); How long: 2 months

Immediate: Exhaustion; How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F W Reown MD

Address: 1938 Linden Av Balto. Md

Accident or Suicide? No

LIBRARY BUREAU A88618

Pittsburg Pa

Martin Fahey & Sons

Name in Full: Inco Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Roseville; County: Baltimore

Date of death: 1904; Month: Apr; Day: 29; Age: Years / Months / Days

Sex: Male; Color or Race: White; Birthplace: Roseville

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Earnest Fisher; Father's Birthplace: Germany

Mother's Maiden Name: Sophia Burk S.; Mother's Birthplace: Balto Co

Name of person giving information:; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ; How long:

Immediate: Miss carriage; How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Margaret Myers

Address: Rossville P O. Balto Md

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: Eliza M. FitzGerald

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Mt Hope Retreat (County) Baltimon

Date of death: (Month) June (Day) 20th 1904 (Years) Age 82 (Months) (Days)

Sex: Female | Color or Race: White | Birth-place:

Occupation: Housekeeper | Where Residing if not at place of death: Washington D.C.

~~Married, Single or Widowed~~ | Name of Wife or Husband:

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: Recds of Mt Hope Retreat | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Mania | How long

Immediate: Et - Pul. Congestion | How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Baltimon Co, Md

~~Accident or Suicide?~~

LIBRARY BUREAU AD8618

Name in Full: Charles A Flack

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Hope Retreat — County: Baltimore

Date of death: Month: Apr — Day: 12 10 — 1904 — Age: Years: 62 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Occupation: none — Where Residing if not at place of death

Married, Single or Widowed: married — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Resd Mt Hope Retreat — How related to deceased: not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia — Post Cerebral Softening — How long

Immediate: Ex — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU A88516

London Park.

Geo. Bentz.

Name in Full: John Fletcher Col

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highlandtown — County: Baltimore

Date of death 190 4 — Month: April — Day: 27 — Age — Years: 25 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Va

Married, Single or Widowed: Single — Occupation: Sailor

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Julius Davis Col — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Natural Causes — How long: —

Immediate: — — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ Coroner John G Mueller

Address 216 O'Donnell St

Accident or Suicide?

LIBRARY BUREAU A93516

Name in Full: Elizabeth A Forresters

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rosebury — County: Balto County

Date of death 1904 — Month: April — Day: 30th — Years: Age 85 — Months: 7 — Days: 28

Sex: Female — Color or Race: White — Birthplace: Baltimore

~~Married, Single~~ or Widowed: Widow — Occupation: none

Name of ~~Widow~~ Husband: Joseph Forresters

Father's Name: Abraham Bideson — Father's Birthplace: Balto Co Md

Mother's Maiden Name: Susanna B. Burgan — Mother's Birthplace: Balto Co Md

Name of person giving In formation: Mrs Josephine batch — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age

How long

Immediate: Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm D Posey

Address: Gardenville

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Wm Thomas (Frazer)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Crossways P.R.Pt. County: Balto

Date of death: Month: Apl Day: 26 Year: 1904

Age: 42 Months: — Days: —

Sex: Male Color or Race: Colored Birthplace: Carroll Co

Occupation: Gardner Where Residing if not at place of death: Crossways

~~Married, Single~~ or Widowed: Name of ~~Wife~~ or Husband:

Father's Name: John Father's Birthplace: Methodistes

Mother's Maiden Name: Mary Mother's Birthplace: "

Name of person giving Imformation: Mrs Geo Jones How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobar Pneumonia How long: 5 days

Immediate: " " How long: " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S R Wantz MD

Address: 765 - Md Ave

Accident or Suicide?

LIBRARY BUREAU A88616

to Westminster Md —
Apr 28-04
A S Marshall
35-39 Fall Road

Name in Full: Joshua Gilbert Fuller.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Baltimore

Date of death: Month: April; Day: 2; Years: 1904; Age: 18; Months; Days

Sex: Male; Color or Race: Colored; Birthplace: Catonsville

Occupation: Laborer.; Where Residing if not at place of death: Catonsville

~~Married~~, Single or ~~Widowed~~: Single; Name of Wife or Husband:

Father's Name: Adam Fuller; Father's Birthplace: Howard Co

Mother's Maiden Name: Liza Ann Gray.; Mother's Birthplace: Catonsville

Name of person giving Imformation: Liza Ann Gray.; How related to deceased: Mother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis.; How long: 6 mos.

Immediate: Asthenia; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Marshall B West

Address: Catonsville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A89816

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Spanis Point. County: Balto.

Date of death: Month: April Day: 21 1904 Age: Years: — Months: — Days: 5

Sex: Female Color or Race: Negro Birthplace: Spanis Point

Occupation: — Where Residing if not at place of death: 612 L St.

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Lorenzo Gunis Father's Birthplace: Va.

Mother's Maiden Name: Alma Bolden Mother's Birthplace: Va

Name of person giving information: Lorenzo Gunis How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature How long: 6 days

Immediate: Inanition. How long: 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ella Eldred M. D.

Address: Spanis Point.

Accident or Suicide?

LIBRARY BUREAU A&B516

Name in Full: John Garrity

CERTIFICATE OF DEATH

Died at: Town: St. Agnes' Hospital; County: Balto.; MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	April	19	Age 50		

Sex: Male

Color or Race: White

Birthplace: Ireland

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Widower

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis

How long:

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Frank Dorsey M.D.

Address: St. Agnes' Hospital Balto Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88016

#319 S. Spring St

Martin Foley & Sons

CERTIFICATE OF DEATH

MARYLAND

Name in Full: William H. Glover.

Died at: Town: Cockeysville. County: Balto.

Date of death 1904: Month: April. Day: 23

Age: Years: 64. Months: Days:

Sex: Male. Color or Race: White. Birthplace: New York.

Married, Single or Widowed: Married. Occupation: None.

Name of Wife or Husband: Margt E. Glover

Father's Name: John Glover. Father's Birthplace: England.

Mother's Maiden Name: - Stewart. Mother's Birthplace: Ireland

Name of person giving In formation: Undertaker. How related to deceased: No

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Terminal Dementia. How long: 2 yrs.

Immediate: Chronic Interstitial Nephritis. How long: 2 yrs.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas Wade.

Address: Cockeysville, Md.

Accident or Suicide? No

LIBRARY BUREAU A06516

Name in Full: George A. Goslee

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Catonsville — County: Balto

Date of death: Month: April — Day: 10 — 1904

Age — Years: 57 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death:

~~Married~~, Single or Widowed — Name of Wife or Husband:

Father's Name — Father's Birthplace:

Mother's Maiden Name — Mother's Birthplace:

Name of person giving In formation — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Agitated Melancholia — How long: 2 Months

Immediate: Erysipelas — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. Rushmore White M.D.

Address: Catonsville Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A83516

Name in Full

Certificate of Death

Rachel Edith Geist

Died at Chestnut Ridge (Town) Baltimore (County) MARYLAND

Date 189 1904 Month April Day 9 | Age Y. 22 M. 0 D. 21 | Native of Maryland | Occupation Home

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of X
Wife

Father's Name Martin D. Geist

Mother's Name Rose E. Geist

Cause of Death: Primary Tuberculosis

Immediate General failure of vital forces

How long sick

~~Accident, Suicide, Homicide~~

Reported by Dr J E Benson

Address Cockeysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Elizabeth Gross

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highlandtown — County: Balto

Date of death 1904 — Month: 4 — Day: 6 — Years: Age 80 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Widow — Occupation: none

Name of Wife or Husband: George Gross (deseased)

Father's Name: — Father's Birthplace: Germany

Mother's Maiden Name: — Mother's Birthplace: " "

Name of person giving Information: John Stewi[illegible] — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocarditis — How long: Several years

Immediate: Coma + Ex haustion — How long: Immediate.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas. L Truax

Address: 3 and Gough Highlandtown.

Accident or Suicide? No

LIBRARY BUREAU A88519

Mt Carmel Cemetery
John Herwig & Son
200 S Orleans St
Apr. 10/04

Name in Full: Helen E. Hackett

CERTIFICATE OF DEATH

MARYLAND

Died at Town: St Denis

County: Balto

Date of death 1904 — Month: April — Day: 14

Age — Years: 1 — Months: — Days: 17

Sex: Female

Color or Race: white

Birthplace: St Denis Maryland

Occupation:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Mr. Frank Hackett

Father's Birthplace:

Mother's Maiden Name: Miss Eliza Blankline

Mother's Birthplace: Howard Co

Name of person giving Information: Mrs Eliza Hackett

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Convulsions.

How long: one hour

Immediate: "

How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Arthur Williams

Address: Elk Ridge Howard Co Md

Accident or Suicide? no

PHYSICIAN OR CORONER

LIBRARY BUREAU A6U510

Name in Full: John E. Hale

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Balto.

Date of death: 1904; Month: April; Day: 12; Years: Age 3; Months; Days

Sex: Male; Color or Race: White; Birthplace: Md.

Occupation: None; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Edward Hale; Father's Birthplace: Pa.

Mother's Maiden Name: Annie Kaiser; Mother's Birthplace: Md

Name of person giving In formation: Edward Hale; How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pleuro Pneumonia; How long: 3 weeks

Immediate: Collapse; How long: One Day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. A. Schneider M.D.

Address: 1073 Canton St.

Accident or Suicide?

LIBRARY BUREAU A98516

Germanus France

Sacred Heart Cemetery

April 15th 1904

Name in Full: Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Patapsco River; County: Balto

Date of death 1904: Month: 4; Day: 8; Years: Age Still born; Months; Days

Sex: male; Color or Race: Colored; Birthplace: Baltimore Co

Married, Single or Widowed; Occupation

Name of Wife or Husband

Father's Name: John Hall; Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Brooks S.; Mother's Birthplace: Md

Name of person giving Information: Father; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born; How long

Immediate; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W B Hall

Address: Mt Winans

Accident or Suicide?

LIBRARY BUREAU A 58516

Name in Full: Patrick Hanley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lutherville — County: Baltimore

Date of death: Month: April — Day: 4th — Years: Age about 95 — Months: — — Days: —

Sex: Mail — Color or Race: White — Birthplace: Ireland

Occupation: R R Watchman — Where Residing if not at place of death: —

Married, ~~Single or Widowed~~ — Name of Wife or ~~Husband~~: Mary

Father's Name: Walter Hanley — Father's Birthplace: Ireland

Mother's Maiden Name: Margaret Dugan — Mother's Birthplace: Ireland

Name of person giving information: Patrick Hanley — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia — How long: Several Years

Immediate: Gangrene — How long: ten Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Chalmers Peebles

Address: Lutherville Md

Accident or Suicide?

LIBRARY BUREAU A58516

Marshall Abey Lumber

Name in Full: Joseph R. Hannan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sheppard & Enoch Pratt Hospital, County: Baltimore

Date of death 1904: Month: April; Day: 27th; Years: Age 43; Months; Days

Sex: Male; Color or Race: White; Birthplace: Ohio.

Married, Single or Widowed: Married; Occupation: Retired - (Drug business)

Name of Wife or Husband: M. A. Hannan

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bright's Disease; How long: 1 month

Immediate: Uremic Convulsion; How long: Sudden

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. M. Franklin

Address: Sheppard & Enoch Pratt Hospl, Towson, Md.

Accident or Suicide?

LIBRARY BUREAU A6B618

Henry H. Jenkins & Sons.

Ex Ironton Cemetery Ohio

Name in Full: John. Henry. Hanson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Owensville — County: Baelo

Date of death 1904 — Month: 4 — Day: 7

Age — Years: < — Months: — — Days: 14

Sex: Male — Color or Race: Colored. — Birthplace: Baltimore

Married, Single or Widowed: Infant. — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Hanson — Father's Birthplace: Md.

Mother's Maiden Name: Barbara Deal — Mother's Birthplace: Md

Name of person giving In formation: Barbara Deal — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Natural Causes. — How long: —

Immediate: — — How long: —

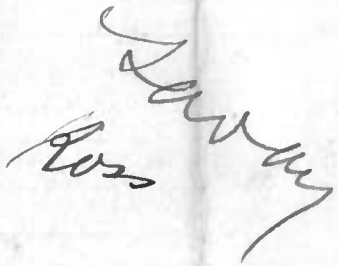
Are the name, age, sex, color, date and place correctly given above? Yes.

Signature: August. N. Miller, Coroner

Address: Owensville Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88316



Name in Full: Emma Agnes Harden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto

Date of death 1904: Month: April; Day: Tuesday; Age: Years 72; Months: April; Days:

Sex: Female; Color or Race: White; Birthplace:

Married, Single or Widowed: Widow; Occupation:

Name of Wife or Husband: Mrs. S. Harden

Father's Name: Jacob Agnes; Father's Birthplace: Maryland

Mother's Maiden Name: Sidonia Agnes; Mother's Birthplace: Maryland

Name of person giving information: H C Harden; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dilatation and Hypertrophy of Heart; How long: 3 months

Immediate: Dyspnoea and Exhaustion; How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas Nagle

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A88813

Henry W. Munson
Son
Greenmount Cemetery
April 21, 1904

Name in Full: Maggie Heibel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Branchville; County: Baltimore

Date of death 1904: Month: April; Day: 6; Age: Years: 21; Months: 9; Days: 6

Sex: Female; Color or Race: White; Birthplace: Baltimore

Married, Single or Widowed: Single; Occupation:

Name of Wife or Husband:

Father's Name: Charles Heibel; Father's Birthplace: Baltimore

Mother's Maiden Name: Elizabeth Schneider; Mother's Birthplace: Germany

Name of person giving In formation: " "; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption; How long: 3 Months

Immediate: Exhaustion; How long: a few days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. L. Wilkins

Address: 6 N. Bdy

Accident or Suicide? No

LIBRARY BUREAU A33818

Mount Carmel

H. Sander Sons

Name in Full: Edward Henderson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Glen Calmenella (City) Baltimore

Date of death 1904 Month Apr Day 16 Age Years — Months — Days 1

Sex Male Color or Race Colrd Birthplace Balto

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name Joseph Henderson Father's Birthplace Balto Co

Mother's Maiden Name Rebecca Rident Mother's Birthplace " "

Name of person giving Imformation Joseph Henderson How related to deceased Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Premature Birth - How long

Immediate How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Maynard Hall "Undertaker"

Accident or Suicide?

Signature of Physician R. L. Mansfeldt Health Officer

Address Calmenella Md

LIBRARY BUREAU A8616

Name in Full: Sarah Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St. Agnes Hospital; County: Balto. MARYLAND

Date of death: Month: April; Day: 23; 1904

Age: Years: 28; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Baltimore

Occupation: Seamstress

Where Residing if not at place of death: 1305 Glyndon Ave.

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 6 mths.

Immediate: Inanition, Exhaustion. — How long: 1 mth.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. W. Brown M.D.

Address: 1938 Linden Ave

Accident or Suicide? No –

LIBRARY BUREAU A83616

Name in Full: Elizabeth Ann Hoshall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Friedland P.O. (County): Baltimore

Date of death 1904: Month: April. Day: 1 Age: Years: 57 Months: 8 Days: 5

Sex: Female. Color or Race: White Birthplace: Maryland

Married, Single or Widowed: Widow Occupation:

Name of Wife or Husband:

Father's Name: Samuel Gore Father's Birthplace: Maryland

Mother's Maiden Name: Rachael McCullough Mother's Birthplace: Maryland

Name of person giving Information: Mary D. Hoshall How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 7 Months

Immediate: Malnutrition How long: 7 Days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Joseph S. Baldwin

Address: Friedland, Balto. Co.

Accident or Suicide?

LIBRARY BUREAU A88518

Name In Full

Robert Earl Hausterman

Certificate of Death

Died at Town: Govanstown County: Balto MARYLAND

Date: 1904 Month: April Day: 9

Age: Y. 9 M. D.

Native of: Govanstown

~~Occupation~~

Male / ~~Female~~

White / ~~Colored~~

Married / Single

Widow / Widower

Divorced

Number of children living 3

Husband of

Wife

Father's Name: Elias Hausterman

Mother's Name: Ella Irene Hausterman

Cause of Death — Primary: Tuberculous Adenitis — How long sick: 6 months

Cause of Death — Immediate: Convulsions — ~~Accident, Suicide, Homicide~~

Reported by: Dr John Barron Balto Co Md

Address: Govanstown

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

CERTIFICATE OF DEATH

MARYLAND

Name in Full: John M. Ingram

Died at: Town: Park Heights Ave | County: Baltimore

Date of death 1904: Month: April | Day: 24 | Age: Years: 32 | Months: 5 | Days: 6

Sex: Male | Color or Race: White | Birthplace: Baltimore ~~Md~~ Md

Occupation: Manager of Mining | Where Residing if not at place of death:

Married, ~~Single~~ or Widowed | Name of Wife or Husband: Bessie D Ingram

Father's Name: James E Ingram | Father's Birthplace: Md

Mother's Maiden Name: Mary A Matthai | Mother's Birthplace: Md

Name of person giving In formation: James E Ingram | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis | How long: 3 Weeks

Immediate: Broncho Pneumonia | How long: 1 Week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. T. Hardesty M.D.

Address: 5 N. ◉

Accid[illegible]

LIBRARY BUREAU A88816

Buried at Druid Ridge
cemetery April 26th 1904

Stuart Mowen

215 Park ave

Balto Md

Name in Full: Abram Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Philopolis; County: Baltimore

Date of death 1904: Month: April; Day: 9; Age: Years: 58; Months: ; Days:

Sex: Male; Color or Race: Black; Birthplace: Belfast Md.

Married, Single or Widowed: married; Occupation: Labore

Name of Wife ~~or Husband~~: Mary Johnson

Father's Name: William Johnson; Father's Birthplace: Dont Know

Mother's Maiden Name: Eliza Parker; Mother's Birthplace: " "

Name of person giving In formation: Mary Johnson; How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption; How long: Two Years

Immediate: Pneumonia; How long: Three weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Doack M.D.

Address: Butler Md

Accident or Suicide?

LIBRARY BUREAU A68818

This is to be burned by
me tomorrow April 12.
at Stevensons chop.

A M Evans

Name in Full: Eleanor Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pikesville — County: Baltimore

Date of death 1904: Month: 4 — Day: 25 — Age: Years: 3 — Months: 10 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Mt Carmel Md

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Harry A Johnson — Father's Birthplace: Mt Carmel Md

Mother's Maiden Name: Laura Lytle — Mother's Birthplace: Parkton Md

Name of person giving In formation: Geo Thompson — How related to deceased: Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 5 weeks

Immediate: Heart Failure — How long: 18 Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A B Mitchell

Address: Monkton Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John Jay Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Baltimore (Town) — Baltimore (County)

Date of death 1904	Month	Day	Years	Months	Days
	Sept	11	Age 1	2	—

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: Colored	Birthplace: Md	
Occupation: —	Where Residing if not at place of death: —		
Married, Single or Widowed: —	Name or Wife or Husband: —		
Father's Name: Jno Thomas		Father's Birthplace: Md	
Mother's Maiden Name: Mary Ann Johnson		Mother's Birthplace: Md	
Name of person giving Information: Lizzie Johnson		How related to deceased: Grandmother	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia		How long: 6 Days
Immediate: Convulsions		How long: From his
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: John W. Hannan MD	
	Address: Middle River	
Accident or Suicide? Md		

LIBRARY BUREAU A6M316

Name in Full: Margaret Elizabeth Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shanks; County: Baltimore

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: April	Day: 21	Age: Years: 54	Months: 7	Days: 2
Sex: Female	Color or Race: African		Birthplace: Chester Co., Pa.		
Married, Single or Widowed: Married	Occupation: General house work				
Name of Wife or Husband: Henry Johnson					
Father's Name: Joseph Peterson	Father's Birthplace:				
Mother's Maiden Name: Mary Ann Peterson	Mother's Birthplace:				
Name of person giving Information: Lona Johnson	How related to deceased: Daughter				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease — How long: Two years

Immediate: Syncope — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. Nelson Dunnick

Address: Stewartstown, York Co. Pa.

Accident or Suicide?

LIBRARY BUREAU A0810

Name in Full: Mary Jane Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkton; County: Balt

Date of death 1904: Month: 4; Day: 18

Age: Years: 79; Months: 9; Days: 16

Sex: Female

Color or Race: White

Birthplace: Balt co Md

Occupation: Housewife

TO BE ANSWERED BY NEAREST FRIEND

Married, ~~Single~~ or ~~Widowed~~: Married

Name of ~~Wife~~ or Husband: John. Jones

Father's Name: Benjamin Talbott

Father's Birthplace: Md

Mother's Maiden Neme: Christiana Talbott

Mother's Birthplace: Md

Name of person giving In formation: Birdie. Gilbert

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe

How long: 2 weeks

Immedlete: Gastritis

How long: 1 week

Are the name, ege, sex, color, date end place correctly given above? Yes

Signature of Physician: R R Norris

Address: Parkton Md

~~Accident or Suicide~~?

LIBRARY BUREAU A86618

Name in Full: Thomas Keller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town, Communipaw Hospital; County, Baltimore

Date of death 1904: Month 4; Day 9; Age: Years 30; Months; Days

Sex: Male; Color or Race: White Irish; Birthplace: Baltimore

Married, Single or Widowed: Single; Occupation: Clerk

Name of Wife or Husband:

Father's Name: Dont Know; Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know; Mother's Birthplace: Dont Know

Name of person giving In formation: Miss Hoffman; How related to deceased: No relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: Six month

Immediate: Acute Bright Disease; How long: One month

Are the name, sge, sex, color, date and place correctly given above? yes

Signature of Physician: H A Janell

Address: Towson, Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Ruth Merritt Keys

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto.

Date of death: 1904 Month: Apr Day: 14

Age: Years: — Months: 8 Days: 29

Sex: Female

Color or Race: White

Birthplace: Highlandtown

Occupation: none

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Edward P. Keys

Father's Birthplace: Balto. Co.

Mother's Maiden Name: Gertrude Merritt

Mother's Birthplace: Balto. Co.

Name of person giving information: Edward Keys

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 4 mos.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Williams M. D.

Address: 26 N. Patterson Pk. Ave. Balto. Md.

Accident or Suicide? —

LIBRARY BUREAU A68516

Germanus Trance

Apr. 15th 1904

for Interment at

Cockeysville

Md.

Name in Full: Mrs. Catherine King

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St. Agnes' Hospital; County: Balto.; MARYLAND

Date of death 1904: Month: April; Day: 18; Years: Age 48; Months; Days

Sex: Female; Color or Race: White; Birthplace: Baltimore

Occupation: Housewife; Where Residing if not at place of death: 1303 Aisquith St.

Married, Single or Widowed: Married; Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving Information; How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Umbilical Omental Hernia; How long: 20 yrs

Immediate: Sarcoma Infective degeneration; How long: one month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno Reese MD

Address: 1938 Linden Av

Filed 1904

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Herman B. A. Kuemmer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown; County: Balto

Date of death 190 4: Month: 4; Day: 16

Age: Years: ; Months: 9; Days: 4

Sex: Male; Color or Race: White; Birthplace: Md.

Married, Single or Widowed: —; Occupation:

Name of Wife or Husband:

Father's Name: Herman B. A. Kuemmer; Father's Birthplace: Germany

Mother's Maiden Name: Fannie Knoch; Mother's Birthplace: Md.

Name of person giving information: John Herwig; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobar pneumonia; How long: 2 wks

Immediate: Congestion of lungs; How long: 3 das

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. T. Bloom

Address: 1503 W Balto St

Balto Md

Accident or Suicide?

LIBRARY BUREAU A2531S

St. Paul Cemetery

J. Herwig & Son

Apr 18/04

Name in Full: Charles P. Knight

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat; County: Baltimore

Date of death: Month: [illegible] Day: Apr 15th 1904; Age: Years: 72; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace:

Occupation: Retired - ; Where Residing if not at place of death: Reisterstown Balto Co Md-

Married, Single or Widowed: Married; Name of Wife or Husband:

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Imformation: Reeds Mt Hope; How related to deceased: Not at all-

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Mania - ; How long: 3 or 4 years

Immediate: Ex-Cerebral Appaplexy; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat

Mt Hope Md-

David Ridge Coroner

Accident or Suicide: Stewart Thomson

LIBRARY BUREAU ABS616

Name in Full: John Knox

CERTIFICATE OF DEATH

MARYLAND,

Died at Town: Baltimore — County: Baltimore

Date of death 1904 — Month: April — Day: 5th

Age — Years: 40 — Months: 6 — Days: 10

Sex: Male — Color or Race: White — Birthplace: Charlotte, N.C.

Occupation: Blacksmith — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: William Knox — Father's Birthplace: Charlotte, N.C.

Mother's Maiden Name: Nellie James — Mother's Birthplace: Charlotte, N.C.

Name of person giving Information: Eugene Knox — How related to deceased: Brother,

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio-Sclerosis — How long: 20 years.

Immediate: Angina pectoris — How long: 15 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. S. Gibson,

Address: 634 W. Lombard St. Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU A30016

Name in Full: Carolina Kasterlitzy

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: St. Agnes' Hospital (Town) Balto. (County) MARYLAND

Date of death: Month April Day 14 1904 — Age: Years 34 Months Days

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: None — Where Residing if not at place of death: 1855 W. Pratt St.

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Pregnancy, Septicemia — How long

Immediate: Peritonitis — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. F. Bullard

Address: St. Agnes Hospl. Balto. Md.

Accident or Suicide?

LIBRARY BUREAU A88518

CERTIFICATE OF DEATH

MARYLAND

Name in Full Milania Kremer

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Highlandtown — County: Baltimore

Date of death 1904 Month: April — Day: 15½ — Years: Age 62 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: None

Name of ~~Wife or~~ Husband: Caspar Kremer

Father's Name: Valentine Gengler — Father's Birthplace: Germany

Mother's Maiden Name: don't know — Mother's Birthplace: Germany

Name of person giving information: Caspar Kremer — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Stomach — How long: about 8 months

Immediate: Exhaustion — How long: " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jr. W. Schneider M.D.

Address: 107 E. Canton St.

Accident or Suicide?

LIBRARY BUREAU A88516

Sacred Heart Cemetery

April 19th 1904

Germanus Franck

Undertaker

Name in Full: George B. Kuhn

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Balto

Date of death 1904 — Month: April — Day: 16th — Age — Years: 1 — Months — Days: 2

Sex: Male — Color or Race: White — Birthplace: Canton

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Wm. Kuhn — Father's Birthplace: Canton

Mother's Maiden Name: Isabella Solem — Mother's Birthplace: Balto city

Name of person giving Information: Wm Kuhn — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Congenital Disease of Heart — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. W. Kelley

Address: 2 Hudson st

Accident or Suicide?

LIBRARY BUREAU A66519

Sacred Heart Cemetery

April 18th 1904

Germanus Hance

Undertaker

Name in Full: John Henry Laubach

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Parkville — County: Baltimore

Date of death 1906 — Month: April — Day: 17 — Age: Years 73 — Months 9 — Days 12

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Retired Farmer — Where Residing if not at place of death: Above.

Married, Single or Widowed: Married — Name of Wife or Husband: Elizabeth Ruigling

Father's Name: Henry Laubach — Father's Birthplace: Germany

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Mrs. Laubach — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral insufficiency, — How long: Several years.

Immediate: Edema of Extremities, General debility — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Leigard D. Whitford M.D.

Address: Fullerton, Baltimore. Md.

Accident or Suicide? No

LIBRARY BUREAU Ad6816

Name in Full: Mayers, Lee

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto

Date of death: Month: April — Day: 14th — Years: 67 — Months: — — Days: —

Sex: male — Color or Race: White — Birthplace: Germany

Occupation: Horse dealer — Where Residing if not at place of death:

Married, ~~Single or Widowed~~ — Name of Wife or Husband:

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation — How related to deceasad

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia — How long: 3 months

Immediate: Cerebral Haemorrhage — How long: - Two days -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Graham C. Carey M.D.

Address: Catonsville Md

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU A88816

CERTIFICATE OF DEATH

Name in Full: Mrs. Mary J. Leeper

Died at: St. Agnes' Hospital — **Town:** — **County:** Balto. — **MARYLAND**

Date of death: 1904 — **Month:** ~~March~~ April — **Day:** 4 — **Age:** 45 — **Months:** — **Days:**

Sex: Female — **Color or Race:** White — **Birthplace:** New York

Occupation: Clerk — **Where Residing if not at place of death:**

Married, Single or Widowed: Widow — **Name of Wife or Husband:**

Father's Name: — **Father's Birthplace:**

Mother's Maiden Name: — **Mother's Birthplace:**

Name of person giving Information: — **How related to deceased:**

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma & Neurasthenia — **How long:**

Immediate: Ex haustion — **How long:**

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Frank Dorsey M.D.

Address: St. Agnes' Hospital, Balto Co. Md.

Accident or Suicide?

LIBRARY BUREAU A28516

Name in Full — Ce tificate of Death

Henry Loehning

Died at Town: Fullerton — County: Balto — MARYLAND

Date 1904 — Month: April — Day: 12 — Age: Y. 53 M. - D. - — Native of: Germany — Occupation: Brew. worker

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~ none

Husband of Katie Loehning — ~~Wife~~

Father's Name: John Loehning — Mother's Maiden Name: Don't Know

Cause of Death — Primary: Tuberculosis (Pulmonary) — How long sick: 3 yrs

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by: J. B. Schwatka, M. D.

Address: 1003 N. Bway Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79815

Name In Full

Certificate of Death

Raymond Earl Long

Died at Town Glenarm County Baltimore MARYLAND

Date 1904 Month April Day 16 | Age Y. 1 M. 21 D. | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name James Long

Mother's Name Gertrude Long

Cause of Death: Primary La-Grippe

Immediate Pneumonia

How long sick 10 days

~~Accident, Suicide, Homicide~~

Reported by Dr E Bunnell

Address Cockeysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Interred at
Joseph Cemetery
March 18th

M. C Brooks

Name in Full: George Theodore Loomis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dickeyville — County: Baltimore

Date of death: Month: April — Day: 23 — 1904

Age: Years: 86 — Months: 7 — Days: 27

Sex: Male — Color or Race: White — Birthplace: Connecticut

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mrs Mary M. Parker

Father's Name: Ariel Loomis — Father's Birthplace: Connecticut

Mother's Maiden Name: Ruth Carpenter — Mother's Birthplace: Connecticut

Name of person giving Information: Mrs Lulu Hullow — How related to deceased: Granddaughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Debility — How long:

Immediate: Syncope — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Arnold Lowman Jr

Address: Dickeyville, Md.

Accident or Suicide?

LIBRARY BUREAU A66016

Lorraine Cemetery

Name in Full — Certificate of Death

Mrs Eleanor Bond Jackson Love

Died at Town: Lochaynville County: Balto MARYLAND

Date 1904 Month: April Day: 13 | Age Y. 55 M. — D. | Native of Md | Occupation Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living 9

~~Husband~~ / Wife of Albert G. Love

Father's Name — Mother's Maiden Name

Cause of Death — Primary: Acute Pneumonia — Immediate: Pneumonia — How long sick 7 days

~~Accident, Suicide, Homicide~~

Reported by Dr. W. B. Bamman

Address Lochaynville Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70004

Interred at Gordon
Parish Cemetery
April 17th

M. C Brooks

Name in Full: Moses Westley McCleary

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Freeland P. O. County: Baltimore

Date of death 1904: Month: April Day: 3 Age: Years: 64 Months: 10 Days: 14

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male Color or Race: White Birthplace: Maryland

Married, Single or Widowed: Married Occupation: Laborer

Name of Wife or Husband: Elmira McCleary

Father's Name: Benj. McCleary Father's Birthplace: Maryland

Mother's Maiden Name: Harriet Kidd Mother's Birthplace: Maryland

Name of person giving Information: Elmira McCleary How related to deceased: Wife.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long

Immediate: Cerebral Apoplexy How long: Immediate

Found dead in bed.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Joseph L. Baldwin

Address: Freeland, R. F. D. # 1.

Accident or Suicide?

Baltimore County.

LIBRARY BUREAU A99016

Name in Full: No name (J. H. McNicholas)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point; County: Balt.

Date of death: 1904; Month: 4; Day: 28; Age: Years —; Months —; Days 13 hours

Sex: Male; Color or Race: white; Birthplace: Sparrows Point

Occupation: none; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James H. McNicholas; Father's Birthplace: Md.

Mother's Maiden Name: Annie McNicholas; Mother's Birthplace: Md

Name of person giving Information: James H. McNicholas; How related to deceased: Father

CAUSES OF DEATH

Primary: Ignition; How long

Immediate: Ignition; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: H. Woodward MD

Address: Sparrows Point, Md

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Jonetta McVey

CERTIFICATE OF DEATH

MARYLAND

Died at: 1323 Highland Ave / Town: Highlandtown / County: Baltimore

TO BE ANSWERED BY NEAREST FRIEND

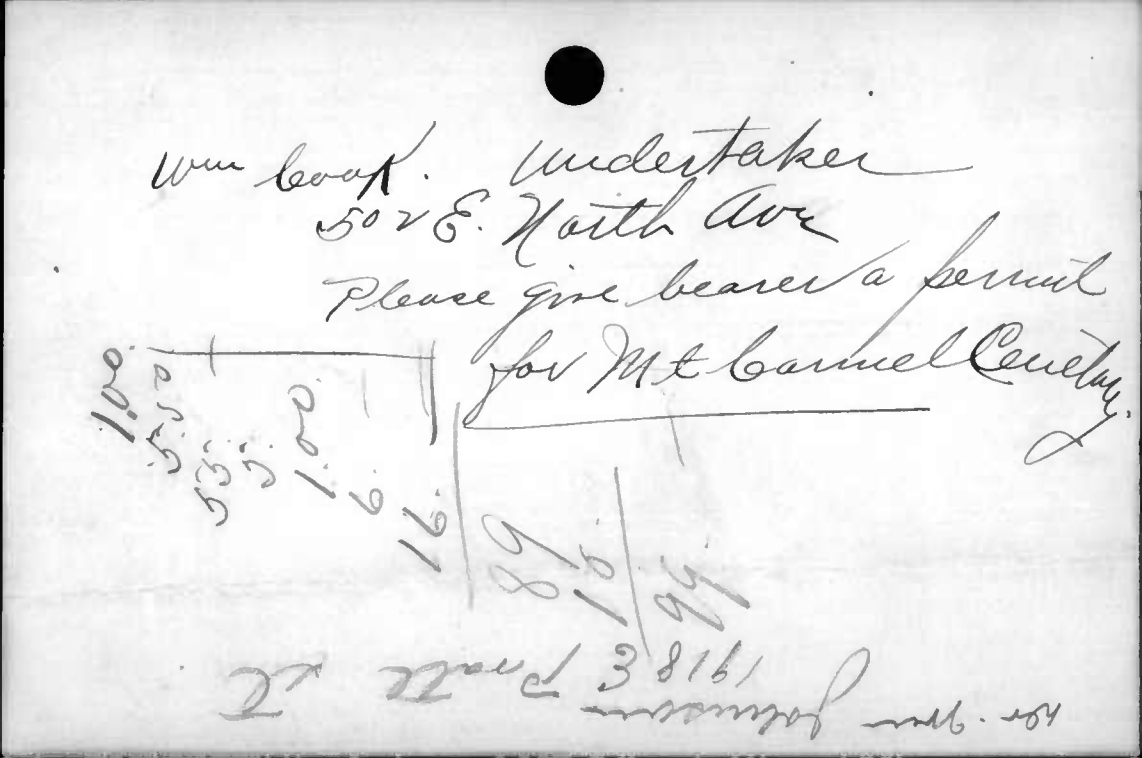
Date of death	Month: April	Day: 25	Age: Years: 51	Months:	Days:
Sex: female	Color or Race: white		Birthplace: Pennsylvania		
Occupation: housewife	Where Residing if not at place of death: 1323 Highland Ave				
Married, Single or Widowed: Married	Name of Wife or Husband: Absalon McVey				
Father's Name: John R Doan			Father's Birthplace: Penn		
Mother's Maiden Name: Rebecca Galbraith			Mother's Birthplace: Penn		
Name of person giving information: Absalon McVey			How related to deceased: husband		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Menopause	How long: 2 yrs.
Immediate: Exhaustion following Convulsions	How long: 1 day.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: Wm. H. Johnson M.D.
	Address: 1916 East Pratt St. Balto. Md.
Accident or Suicide?	

LIBRARY BUREAU A88516


Wm Cook. Undertaker
502 E. North Ave
Please give bearer a permit
for Mt Carmel Cemetery.
100
55
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16
22nd
3816

Name in Full: Patrick J. Madden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lockraven; County: Balto.

Date of death 1904: Month: 4; Day: 12

Age: Years: 68; Months: —; Days: —

Sex: Male

Color or Race: white

Birthplace: Ireland

Occupation: Forman

Where Residing if not at place of death: Lock Raven

Married, Single or Widowed: Widower

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Mrs P. J. Healey

How related to deceased: cease

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grip

How long: About a week.

Immediate: Broncho-pneumonia

How long: 2 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. J. Harrison

Address: Lock Raven.

Accident or Suicide?

LIBRARY BUREAU A5U816

John Burns Sons
Toronto
Funeral Directors
St. Marys Cem.
Lovaus

Name in Full: C. Joseph Aloysius Mahoney -

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stegleandtown County: Balto

Date of death: Month: 4 Day: 3 - Years: 1904 Age: 27. Months: Days:

Sex: Male. Color or Race: White Birthplace: Maryland

Occupation: Steward Where Residing if not at place of death: 1209. Gurst St.

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Thomas W. Mahoney Father's Birthplace: U. S. A.

Mother's Maiden Name: Katharine Kennedy Mother's Birthplace: W. Va.

Name of person giving Information: William Mahoney. How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Miliary Tuberculosis How long: 4 Mos

Immediate: Exhaustion. How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jas. L. Tuck

Address: 3 and Gough Stegleandtown L.

Accident or Suicide? No

LIBRARY BUREAU A83016

Name in Full: Cecil Mallonee

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City; County: Baltimore

Date of death 1904: Month: April; Day: 2nd

Age: Years: —; Months: 6; Days: 20

Sex: Male; Color or Race: White; Birthplace: Pocomoke City

Married, Single or Widowed: —; Occupation:

Name of Wife or Husband:

Father's Name: Wilbert Mallonee; Father's Birthplace: Maryland

Mother's Maiden Name: Margaret Mallonee; Mother's Birthplace: Virginia

Name of person giving information: A. C. Dunn; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobular Pneumonia; How long: 10 days

Immediate: Purulent Infiltration Lungs; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. C. Dunn

Address: Pocomoke City, Md.

Accident or Suicide? —

LIBRARY BUREAU A88218

St Mary Cem
Hampden
Jos B Cook F. D

Name in Full: George H. Meyers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Agnes' Hospital; County: Balto.

Date of death: Month: April; Day: 18; Year: 1904; Age: Years: 38; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Baltimore

Occupation: Driver; Where Residing if not at place of death: 111 Stafford St.

Married, Single or Widowed: Married; Name of Wife or Husband:

Father's Name: Henry Meyers; Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Werner; Mother's Birthplace: "

Name of person giving information: ; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis; How long: unknown

Immediate: Uraemia. Coma.; How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F W Keown M.D

Address: 1938 Linden Av

Accident or Suicide? No.

LIBRARY BUREAU A88316

Name in Full: Annie Mary Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkville — County: Balto. Co.

Date of death 1904: Month: Apr. — Day: 23 — Age: Years: 64 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: Married — Occupation: Housewife.

Name of Wife or Husband: Henry Miller

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Husband — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Strangulated Hernia - Peritonitis — How long: about 5 days.

Immediate: Exhaustion (General) — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? To the best of my knowledge

Signature of Physician: Lingard T. Whitefo[illegible]d.

Address: Fullerton, Belair Rd.

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full: Patrick Monohan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Canton — County: Baltimore

Date of death 1904 — Month: Apr. — Day: 18th — Years: Age 60 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Widower — Occupation: Farmer

Name of Wife or ~~Husband~~: Mary O'Neil Monohan

Father's Name: don't know — Father's Birthplace: Ireland

Mother's Maiden Name: don't know — Mother's Birthplace: "

Name of person giving information: Edward Finnerty — How related to deceased: Grandson

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Paralysis — How long: 4 months

Immediate: Exhaustion — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. A. Schaeffer M. D.

Address: 1015 Eastern Ave.

Accident or Suicide? ——

LIBRARY BUREAU A33516

Germaine France

April 15th 1904

Laurel Md.

for Interment

Name in Full: Joseph Carroll Mommonier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Franklin — County: Baltimore

Date of death 1904: Month: April — Day: 6 — Age: Years: 57 — Months: 1 — Days: 6

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: Married — Occupation: Physician

Name of Wife or Husband: Sallie Lawrenson

Father's Name: Francis Mommonier — Father's Birthplace: France

Mother's Maiden Name: Mary Connor — Mother's Birthplace: Md.

Name of person giving information: Joseph Carroll Mommonier Jr — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Cerebral Hemorrhage - Cyna — How long: 1½ Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph Carroll Mommonier Jr

Address: Near Franklin Balto Co Md.

Accident or Suicide?

LIBRARY BUREAU A88510

Cerebral Hemorrhage

Name in Full: Ludwig Novak

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point; County: Balto

Date of death: Month: 1904 apr.; Day: X 10; Age: Years: 26; Months: ; Days:

Sex: male; Color or Race: White; Birthplace: Austria

Occupation: Laborer; Where Residing if not at place of death: Sparrows Point

Married, ~~Single~~ ~~Single~~; Name of Wife or Husband:

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Imformation: Jos Blair; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: ; How long:

Immediate: Drowning; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos Blair

Address: Sparrows Point Md.

Accident or Suicide? accident

LIBRARY BUREAU A88618

Name in Full: George Ovelgone

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Balto.

Date of death 1904 — Month: Apr. — Day: 22 — Age — Years: 59 — Months: — — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex	Male	Color or Race	White
Birthplace	Germany		
Married, ~~Single~~, Widowed	Married	Occupation	Bargeman
Name of Wife or Husband	Annie Ovelgone		
Father's Name	—	Father's Birthplace	Germany
Mother's Maiden Name		Mother's Birthplace	" "
Name of person giving In formation	Henry Ovelgone	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Cardiac Asthma	How long	2 years
Immediate	Mitral Insufficiency Exhaustion	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	David W. Jones
		Address	3116 O'Donnell St.
~~Accident or Suicide?~~			

LIBRARY BUREAU A39616

Germanus Strance

Apr. 25th 1904

Sacred Heart Cem.

Name in Full: Ellen Hannon Downes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Hope Retreat — County: Mt Hope Balto Co

Date of death: Month: April — Day: 10th — Years: 46 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: Wife R. Road Man — Where Residing if not at place of death: Washington D-C-

Married, ~~Single~~ or Widowed — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: Ireland

Mother's Maiden Name: — — Mother's Birthplace: "

Name of person giving In formation: Rec'd Mt Hope Retreat — How related to deceased: not at all

1903

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mania Chronic - — How long:

Immediate: Ex La Grippe & Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Balto Co Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88616

Name in Full: Mary E. Owings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Balto.

Date of death: Month: 4; Day: 9; Years: Age 83; Months: 3; Days:

Sex: female; Color or Race: White; Birthplace: Md.

Occupation: House; Where Residing if not at place of death: Towson

Married, Single or Widowed: Widow; Name of Wife or Husband:

Father's Name: dead; Father's Birthplace:

Mother's Maiden Name: " ; Mother's Birthplace:

Name of person giving information: Mrs John J. Gellot; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of age; How long: 1 year

Immediate: Cardiac depression; How long: 5 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. L. Massenburg

Address: Towson Md

Accident or Suicide?

LIBRARY BUREAU A88316

St. Thomas Church.
Garrison
Forest.
J. Hunt Burns Son

Name in Full

Certificate of Death

Miss Garcia Worsuden Owings

Died at Catonsville (Town) Baltimore (County) MARYLAND

Date 19 04 Month Apr 12 Day 25 | Age Y. 12 M. - D. - | Native of MD | Occupation -

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower Divorced Number of children living

~~Husband~~ Wife of

Father's Name - Mother's Maiden Name -

Cause of Death: Primary -

Immediate Consumption

How long sick 3 mo.

Accident, Suicide, Homicide

Reported by J. E. Gorry M.D.

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Robert Peregoy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: White-house; County: Balt.

Date of death 1904: Month: April; Day: 15

Age: Years: 65; Months: 10; Days:

Sex: Male; Color or Race: White; Birthplace: Baltimore Co

Married, ~~Single~~ or ~~Widowed~~; Occupation: Farmer

Name of Wife or ~~Husband~~: Elizabeth Monfort

Father's Name: Joseph Peregoy; Father's Birthplace: Baltimore Co

Mother's Maiden Name: Peggy Armacost; Mother's Birthplace: "

Name of person giving information: Widow; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption; How long: Number of Years

Immediate: Heart failure; How long: 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: B F Price

Address: Mt Carmel Md.

Accident or Suicide? Neither

LIBRARY BUREAU A88816

Name in Full: John Purviance Polk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sheppard & Enoch Pratt Hospl. County: Balto

Date of death 1904: Month: June; Day: 21; Years: Age 79; Months; Days

Sex: Male; Color or Race: W.; Birthplace: D.C.

Married, Single or Widowed: Widower; Occupation: Druggist - Ins. Agent.

Name of Wife or Husband:

Father's Name; Father's Birthplace:

Mother's Maiden Name; Mother's Birthplace:

Name of person giving Information; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia; How long: 3 days.

Immediate: Cardiac Paralysis; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. M. Franklin

Address: Sheppard & Enoch Pratt Hospl. Balto Co. Md.

Accident or Suicide? —

LIBRARY BUREAU A86516

H. N. Munn & Son

Landon Park

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Jacob E. Porter

Died at — Town: — County: Balto County

Date of death 190 4 — Month: April — Day: 23 — Age — Years: 52 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Balto Co Md

Merried, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husbend:

Father's Name: John Wesley Porter — Father's Birthplace: Balto Co Md

Mother's Maiden Name: Miss Wilkerson — Mother's Birthplace: Balto Co Md

Name of person giving In formation: H. F. Hopkins & A. P. Lynch — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Suicide — How long: —

Immediate: Suicide — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~ Coroner: John G Mueller

Address: 216 O'Donnell St

Accident or Suicide? Suicide

LIBRARY BUREAU A88516

1400 Mayflower Ave

Name in Full

Certificate of Death

James Pratt

Died at Balto. Co. Almshouse — MARYLAND

(Town) (County)

Month	Day	Y.	M.	D.	Native of	Occupation
4	23	Age 52 yrs				Laborer

Date 1904

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | ~~Divorced~~ Number of children living

~~Husband~~ of

Wife

~~Father's~~ Name

~~Mother's~~ Maiden Name

1904

Cause of Death — Primary: Nephritis

Immediate: Pulmonary Oedema

How long sick: about a year

Accident, Suicide, Homicide

Reported by Thos. A. Bussey M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72209

For I want to buy this
dol mean Monday eve
or and pursuit at once.

Yours Affy Simon
Stahl

Name in Full: Martha Roelecke

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Towsontan; County: Balto

Date of death 190 4: Month: Sept; Day: 14.

Age: Years: nine (9); Months: Mos. 2; Days: (5)

Sex: female

Color or Race: white

Birthplace: Baltimore

Occupation: childrens

Where Residing if not at place of death: Towsontan Md.

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Oscar Roelecke

Father's Birthplace: Brunswick Germany

Mother's Maiden Name: Anna Hildebrand

Mother's Birthplace: Baltimore

Name of person giving Information: Oscar Roelecke

How related to deceased: parents

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tetanus

How long: 8 days

Immediate: Fixation of Respiration

How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. C. Smith

Address: Towsontan Md

Accident or Suicide? —

LIBRARY BUREAU A66516

Powhattan
Balto Co Md

Name in Full: Virginia C. Ray

CERTIFICATE OF DEATH

MARYLAND

Died at: Mt Hope — Town — Baltimore — County

Date of death: Month: April — Day: 9th — Age: Years: 63 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Lunenburg Co. Va.

Occupation: — — Where Residing if not at place of death: Ashland Va.

Married, Single or ~~Widowed~~ — Name of Wife or Husband: Geo. H. Ray

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia — How long: 15 Yrs

Immediate: Pneumonia — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C B Emerson M D

Address: Mt Hope Md "

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Rogers L. Kenna

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cella — County: Baltimore

Date of death 1904: Month: April — Day: 8 — Age: Years: — Months: 4 — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: — — Occupation: — —

Name of Wife or Husband: — —

Father's Name: Philip Kenna — Father's Birthplace: Maryland

Mother's Maiden Name: Emma Fisher — Mother's Birthplace: —

Name of person giving information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: 3 Months

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno M Blogmund

Address: Cella Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Perry Hall. (County) Baltimore.

Date of death 1905 — Month April — Day 17th — Age: Years — Months — Days

Sex Female — Color of Race White — Birthplace

Occupation — Where Residing if not at place of death

Married, ~~Single or Widowed~~ — ~~Name of Wife or~~ Husband Theodore Richardson

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate Pneumonia — How long one week.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician H. J. Harrison

Address Loch Raven.

Accident or Suicide?

93

LIBRARY BUREAU A88816

Oak Lawn Cemetery

Name in Full: John William Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Balto.

Date of death: Month: April; Day: 30; 1904

Age: Years: 19; Months: —; Days: —

Sex: Male

Color or Race: (Col)

Birthplace: Md

Occupation: Laborer

Where Residing if not at place of death: Towson

Married, Single or Widowed

Name of Wife or Husband

Father's Name: Adam Robinson

Father's Birthplace: (?)

Mother's Maiden Name: Rosa Hood

Mother's Birthplace: Md

Name of person giving information: Charlie Scott Anderson

How related to deceased: Stf father

34

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Tuberculosis — How long: 18 Months

Immediate: Cardiac Asthenia — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno Rayston Preu M.D.

Address: Towson Md.

Accident or Suicide?

LIBRARY BUREAU A85516

John Burns Sons

Limited Brentheir

Cem

Name in Full: Mildred Robinson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Poplar Heights — County: Baltimore

Date of death 1904 — Month: April — Day: 3rd — Age: Years: 3 — Months: — — Days: ,

Sex: Female — Color or Race: Negro — Birthplace: Philadelphia

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband:

Father's Name: Edmund Robinson — Father's Birthplace: Don't know

Mother's Maiden Name: Ella Jones — Mother's Birthplace: Maryland.

Name of person giving Information: Thomas Lisbon — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Worms. — How long

Immediate: Exhaustion. — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Eldred M.D.

Address: Spring Point.

~~Accident or Suicide?~~

LIBRARY BUREAU A88016

Name in Full: Sebastian Schmitt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Balto

Date of death 1904: Month: April — Day: 25th — Age: Years: 59 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: Carpenter

Name of Wife or Husband: Elizabeth

Father's Name — Father's Birthplace

Mother's Maiden Name: Elizabeth Zeck — Mother's Birthplace

Name of person giving Information: Geo Schmitt — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma of liver — How long

Immediate: Exhaustion — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. V. Ulrey

Address: 2 Hanover St

Accident or Suicide?

LIBRARY BUREAU A63819

Name in Full — Certificate of Death

Bertha Scott

Died at Town: Cross Keys — County: Balto. — MARYLAND

Date: 1904 — Month: Jan — Day: 17 — Age: Y. 8 M. D. — Native of: Maryland — Occupation: ~

~~Male~~ / Female — ~~White~~ / Colored — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: ~~8~~

Husband / Wife of

Father's Name: Simon P. Scott

Mother's Name: Rachel Scott

Cause of Death — Primary: Pertussis — How long sick: 2 mos.

Cause of Death — Immediate: Emaciation

~~Accident, Suicide, Homicide~~

Reported by: W. Grant Scott

Address: 3-402 E. Biddle St Balto. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

~~Attended by Dr.~~ A. L. Marshall

~~of~~ Centre, Bartlett

~~Seen by Coroner~~ Apr 8. 04

of

Information contained in this certificate received

from

of

Name in Full

Certificate of Death

Hattie Scott

Died at Town Mercer County Bates MARYLAND

Date 1904 Month Apr. Day 11th | Age Y. 15 M. — D. — | Native of Maryland | Occupation House Girl

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of ~~children living~~

Husband of Wife Not Known

Father's Name Not Known Mother's Name —

Cause of Death: Primary Acute Rheum. Endocarditis — How long sick 3 Months

Immediate Asthenia — Accident, Suicide, Homicide

Reported by W. W. Wisner M.D

Address 1220 E. Fayette St. Bates

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Welwalk Colored Cemetery

Apr 14/04

A S Marshall

3539 Fall Road

Name in Full: Mary Deaton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton — County: Balt

Date of death 1904: Month: 4 — Day: 3 — Age: Years: 63 — Months: — — Days: —

Sex: F. — Color or Race: W — Birthplace: Balt

~~Married, Single~~ or Widowed — Occupation: None

Name of Wife or Husband: Robert Deaton

Father's Name: Don't Know — Father's Birthplace: —

Mother's Maiden Name: Don't Know — Mother's Birthplace: —

Name of person giving information: Charles Burns — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long: about one year

Immediate: Exhaustion — How long: Four days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. S. Jones M. D.

Address: 3116 O'Donnell St

Accident or Suicide?

LIBRARY BUREAU A823S14

Name in Full: Caroline Sculley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sherwood — County: Baltimore

Date of death 1904: Month: April — Day: 21st — Years: Age one — Months — Days: Two

Sex: Female — Color or Race: Black — Birthplace: Sherwood

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: John Sculley — Father's Birthplace: Annapolis

Mother's Maiden Name: Mary Banks — Mother's Birthplace: Baltimore

Name of person giving Information: John Sculley — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro Spinal Meningitis — How long: Three weeks

Immediate: as above — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. C. Sarreto

Address: Towson

Accident or Suicide?

LIBRARY BUREAU A8651G

Alexander

Hunsly

clerk

Undertaker

Name in Full: Joseph Shock

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Phoenix — County: Baltimore

Date of death 1904 — Month: April — Day: 29 — Age: 83 — Months: 2 — Days: 14

Sex: Man — Color or Race: White — Birthplace:

Occupation: Retired — Where Residing if not at place of death: Phoenix Md

Married, Single or Widowed: Married — Name of Wife or Husband: Joseph Shock

Father's Name: Joseph Shock — Father's Birthplace:

Mother's Maiden Name: Mary Bartlett — Mother's Birthplace:

Name of person giving information: Mary E Shock — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Myocarditis Chronica — How long: Apr 15 01 to Apr 29/04

Immediate: Collapse — How long: About 5 minutes

Are the name, age, sex, color, date and place correctly given above? Yes, presumably

Signature of Physician: H Thurston

Address: 1501 N Bond St., Baltimore.

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: William B. Shock

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Towson — County: Balto Co

Date of death 1904 — Month: April — Day: 6 — Age: Years: 3 — Months: 6 — Days:

Sex: Male — Color or Race: White — Birthplace: Towson

Married, Single or Widowed: Single — Occupation: none

Name of Wife or Husband:

Father's Name: Austin Shock — Father's Birthplace: Md

Mother's Maiden Name: Mary Dooley — Mother's Birthplace: Penn

Name of person giving In formation: Austin Shock — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Conpulgent Diphtheria — How long: 36 hours

Immediate: Cardiac Asthenia — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Ruyelin Crum

Address: Towson Md.

Accident or Suicide?

LIBRARY BUREAU A88516

John Burns & Sons

Prospect-Hill

Towson

Name In Full

Certificate of Death

Died at Town: Brickyville County: Baltimore MARYLAND

Date 1904 Month: April Day: 7

Age Y. M. D.: Stillborn

Native of: —

Occupation: —

Male / ~~Female~~

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

Divorced

Number of children living

~~Husband~~ / ~~Wife~~ of

Father's Name: Chas. R. Smith

Mother's Maiden Name: Ella Albright

Cause of Death — Primary: Stillborn

Cause of Death — Immediate:

How long sick

~~Accident, Suicide, Homicide~~

Reported by: Dr. B. S. Benson

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 20000

Name in Full: Lovie Smith

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Spanows Point — County: Baltimore

Date of death: Month: April — Day: 19th — 1904

Age: Years: 26 — Months: 11 — Days: 5

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Occupation: Home-work — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: George Smith — Father's Birthplace: Maryland

Mother's Maiden Name: Lizzie Richardson — Mother's Birthplace: Virginia

Name of person giving information: Lizzie Smith — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia & Peritonitis — How long: 8 weeks

Immediate: Ephantion — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: W. R. Hodges M. D.

Address: Spanows Point, Md.

Accident or Suicide?

LIBRARY BUREAU A6U6T6

Name in Full: Smith

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Sparrows Point (County) Baltimore

Date of death 1904 (Month) April (Day) 10

Age (Years) — (Months) — (Days) —

Sex Female | Color or Race Colored | Birthplace Maryland

Married, Single or Widowed Single | Occupation —

Name of Wife or Husband —

Father's Name Unknown | Father's Birthplace Unknown

Mother's Maiden Name Lovin Smith | Mother's Birthplace Virginia

Name of person giving Information Lovin Smith | How related to deceased Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Still born | How long —

Immediate Still born | How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. R. Hodges M.D.

Address Sparrows Point, Md.

Accident or Sulcide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A6891G

Name in Full: Murrey G Smith. —

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Govanstown — County: Balto.

Date of death: Month: April — Day: 1 — Year: 1904 — Age: Years: — Months: 3 — Days: 6

Sex: male — Color or Race: White — Birthplace: Govanstown

Occupation: — Where Residing if not at place of death: Walbrook Ave Govanstown

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Harry G. Smith. — Father's Birthplace: Carroll Co Md

Mother's Maiden Name: Mary Kahl — Mother's Birthplace: Balto City

Name of person giving Information: Harry G Smith — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mal Nutrition — How long: 3 months

Immediate: Anaemia — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: H C Hess M.D.

Address: Sta H. Govanstown Md

Accident or Suicide?

LIBRARY BUREAU A89016

Burial at Bonnie Brae

April 7/1904

William Cook

50 x E 7th Ave

Name in Full: William E. Somerville

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lansdowne — County: Baltimore

Date of death 1904 — Month: April — Day: 28 — Age: Years 14 — Months 3 — Days 4

Sex: Male — Color or Race: White — Birth place: Baltimore - Md.

Married Single or Widowed — Occupation: School Boy

Name of Wife or Husband:

Father's Name: Frances M. Somerville — Father's Birthplace: Philadelphia, Pa.

Mother's Maiden Name: Martha Wright — Mother's Birthplace: Baltimore Md

Name of person giving In formation: Martha Somerville — How related to deceased: Mother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accident Fall and Injury to the Head — How long:

Immediate: Pachymeningitis and Exhaustion — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank H. Buhl

Address: Lansdowne Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88315

Name in Full: Augustus W. Springer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hamilton — County: Baltimore

Date of death 1904: Month: Apr. — Day: 4 — Age: Years: 52. — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Balto. Co.

Married, Single or Widowed: Married — Occupation: Barber

Name of Wife or Husband:

Father's Name: John Springer — Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Davis — Mother's Birthplace: Germany

Name of person giving In formation: Elizabeth Rich — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Cerebral Hemorrhage — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Walter H Vinal.

Address: Hamilton, Sta., Balto. Co.

Accident or Suicide?

LIBRARY BUREAU A38518

Name in Full: Franklin B Stille

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shamburg — County: Balto

Date of death 1904: Month: April — Day: 14 — Age: Years: 33 — Months: 11 — Days: 9

Sex: Male — Color or Race: White — Birthplace: Shamburg

Married, ~~Single~~ or ~~Widowed~~ — Occupation: Carpenter

Name of Wife or ~~Husband~~: Elizabeth Cooper

Father's Name: William Stille — Father's Birthplace: Pa

Mother's Maiden Name: West — Mother's Birthplace: Pa

Name of person giving In formation: Charley Stille — How related to deceased: Bro

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart failure — How long: at intervals

Immediate: Valvular — How long: of 4 years

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B F Price

Address: [redacted] One Canmel

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Rev George C. Stokes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govdnstown; County: Balto Co

Date of death	Month	Day	Years	Months	Days
1904	April	3	Age 79	10	28

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male

Color or Race: white

Birthplace: Baltimore Md

Occupation: Minister

Where Residing if not at place of death: Charles St Ave

~~Married, Single~~ or Widowed

~~Name of Wife~~ or Husband

Father's Name: William B Stokes

Father's Birthplace: Maryland

Mother's Maiden Name: Henrietta Maria Hughes

Mother's Birthplace: do

Name of person giving Information: Wm B Stokes

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease — How long: several years

Immediate: Heart Disease — How long: Each a few minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. L. Duncan

Address: Govans town Md

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU A86016

Stewart and Mowen
215 Park Ave

Greenmount Cemetery.

Name in Full: Augusta Stumpf

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Canton — County: Balto

Date of death: Month: April — Day: 27th — Age: Years — Months: 9 — Days:

Sex: Female — Color or Race: White — Birthplace: Canton

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: John Stumpf — Father's Birthplace: Germany

Mother's Maiden Name: Annie Ayd — Mother's Birthplace: "

Name of person giving information: John Stumpf — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. V. Stumpf

Address: 2 Wilson St.

Accident or Suicide?

LIBRARY BUREAU A88516

Mt Carmel Cemetery

J Herwig & Son

Apr 29/04

Name in Full: William H. Tennison

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) St. Agnes' Hospital (County) Balto, MARYLAND

Date of death 1904 Month April Day 27 Age Years 46 Months Days

Sex Male Color or Race White Birthplace Baltimore

Occupation Laborer Where Residing if not at place of death 2233 E. Preston St

Married, Single or Widowed Married Name of Wife or Husband Annie Tennison

Father's Name Joseph Tennison Father's Birthplace Baltimore

Mother's Maiden Name Catherine Lusby Mother's Birthplace Maryland

Name of person giving Information William E. Tennison How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pulmonary Tuberculosis How long six months

Immediate Exhaustion How long 3 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician P. W. Kegworth MD

Address 1938 Linden Av Balto.

Accident or Suicide? No

LIBRARY BUREAU A88516

H. Sander Sons
Baltimore Cemetery

Name in Full: Mrs Fredricka Thull

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rossville — County: Balto

Date of death: Month: April — Day: 17 — 1904 — Age: Years: 66 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: Housewife — Where Residing if not at place of death: Rossville Md

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving Imformation: Maggie Naimaster — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis — How long: 3 years

Immediate: Cerebral apoplexy — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. V. Mace

Address: Rossville Md

Accident or Suicide? —

LIBRARY BUREAU A86516

Name in Full: James Thurston.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto

Date of death 1904: Month: April; Day: 13th; Age: Years: 63; Months: 5; Days: 20

Sex: Male; Color or Race: White; Birthplace: Charleston S.C.

Occupation: Warehouseman; Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Name of ~~Wife~~ or ~~Husband~~: Mary Jane Thurston

Father's Name: Robert Thurston; Father's Birthplace: Charleston S.C.

Mother's Maiden Name: Eliza E. North; Mother's Birthplace: Charleston S.C.

Name of person giving information: Robt. T. Rawlins; How related to deceased: nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Thrombosis; How long: Three months

Immediate: Cerebral Haemorrhage; How long: 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. Rushman White M.D.

Address: Catonsville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A38513

Name in Full: Sarah Rebecca Tutchton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eastern Av. E.H. Back Pres. County: Balto Co

Date of death: Month: 4 Day: 13th 1904

Age: Years: 66 Months: Days:

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: Housekeeper

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Wife Danny E. Tutchton

Father's Name:

Father's Birthplace: Md

Mother's Maiden Name: Sarah R. Deaver

Mother's Birthplace:

Name of person giving Information: Mary F. Tutchton

How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spells Vertigo.

How long: 2 months

Immediate: Heart disease

How long:

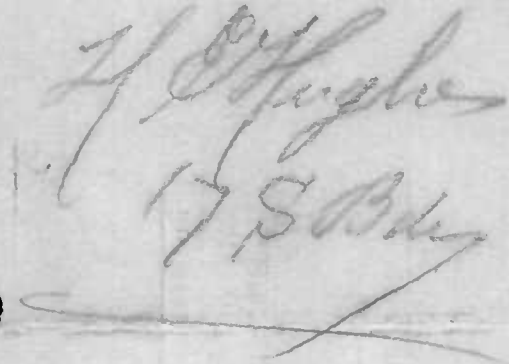
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ed. W. Danny M.D

Address: 304 Bank at E.H.D

Accident or Suicide?

LIBRARY BUREAU A88816



Name in Full: name Unknown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Parkton — County: Baltimore

Date of death: 1904 — Month: April — Day: 9 — Age: about 35 — Years — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: do not know

Occupation: do not know — Where Residing if not at place of death: do not know

Married, Single or Widowed: do not know — Name of Wife or Husband: do not know

Father's Name: do not know — Father's Birthplace: do not know

Mother's Maiden Name: " " — Mother's Birthplace: " " "

Name of person giving information: A. A. Sparks — How related to deceased: Coroner

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: run over by Train of Cars — How long

Immediate: shock and loss of blood — How long

Are the name, age, sex, color, date and place correctly given above? it is

Signature of Physician: A. A. Sparks

Address: acting Coroner Parkton, Balt. Co. Md

Accident or Suicide? accident

LIBRARY BUREAU A33516

Name in Full: Samuel T Walker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highland Town — County: Baltimore

Date of death 1904 — Month: April — Day: 28 — Age — Years: 52 — Months: 6 — Days: 14

Sex: Male — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Married — Occupation: Compositor

Name of Wife or Husband: Georgie E. Walker

Father's Name: Hugh Walker — Father's Birthplace: Virginia

Mother's Maiden Name: Sarah L. Chandler — Mother's Birthplace: Massachusetts

Name of person giving information: Georgie E. Walker — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 9 weeks

Immediate: Heart failure — How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. H. Cullenberg

Address: 1810 E Baltimore St.

Accident or Suicide? no

LIBRARY BUREAU A88618

Name in Full: Adele V. Walsh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mt Washington — County: Baltimore

Date of death 1904: Month: About — Day: 21

Age: Years: 6 — Months: 4 — Days: 24

Sex: female — Color or Race: white — Birthplace: Washington D.C.

Married, Single or Widowed: Single — Occupation: school

Name of Wife or Husband:

Father's Name: Maurice C. Walsh — Father's Birthplace: Albany N.Y.

Mother's Maiden Name: Mary Adele Garner — Mother's Birthplace: Washington D.C.

Name of person giving information: Maurice C Walsh — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: a day

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: William Todd M.D.

Address: Mt Washington Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Sarah Waltman

CERTIFICATE OF DEATH

MARYLAND

Died in Town: Sixth District — County: Baltimore

Date of death 1904: Month: April — Day: 21 — Age: Years: 86 — Months: 3 — Days: 25

Sex: Female — Color or Race: White — Birthplace: Pennsylvania

Married, Single or Widowed: Widow — Occupation:

Name of Wife or Husband: Conrad Waltman

Father's Name: John Keller — Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know — Mother's Birthplace: Don't Know

Name of person giving information: George Ehrhart — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Apoplexy — How long: Few Minutes

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph D. Baccelini

Address: Freeland Md

Accident or Suicide?

LIBRARY BUREAU A6981B

Name in Full: Catherine Watts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto

Date of death 1904: Month: April; Day: 5

Age: Years: 50; Months: ; Days:

Sex: Female; Color or Race: Col'd; Birthplace: Baltimore Co

Married, Single or Widowed; Occupation: Cook

Name of Wife or Husband: Alexander Watts

Father's Name: Charles Lee; Father's Birthplace: —

Mother's Maiden Name: Catherine —; Mother's Birthplace: —

Name of person giving information: A. Watts; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis; How long: 6 week

Immediate: Valv Dis of Heart; How long: 5 yr

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. C. T. Mayfield

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A8851G

Name in Full: Bernard Heinekotter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County:

Date of death 1904: Month: April; Day: 9; Age: Years: 34; Months: —; Days: —

Sex:

Color or Race: White

Birth-place:

Married, Single or Widowed:

Occupation: Shoemaker

Name of Wife or Husband: Katherine Heinekotter

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation: Katherine Heinekotter

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Lagrippe

How long: 4 days

Immediate: Asthma

How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Heath & D.

Address: Catonsville Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Herman C. Whitworth

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hamewell — County: Balto

Date of death 1904: Month: 4 — Day: 29 — Age: Years: 2 — Months: 8 — Days: 1

Sex: male — Color or Race: white — Birthplace: Balto Co

Occupation: Infant — Where Residing if not at place of death: at place of death

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Harry C. Whitworth — Father's Birthplace: Balto City

Mother's Maiden Name: Lillie A. Pierce — Mother's Birthplace: Balto Co

Name of person giving Information: Harry J. Whitworth — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 6 days

Immediate: Toxemia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno. R. Bolton

Address: Hamewell Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Still born

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkton; County: Balt

Date of death 1904: Month: 4; Day: 23

Age: Years: —; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Parkton

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charley Wierley; Father's Birthplace: Md

Mother's Maiden Name: Rena Talbott; Mother's Birthplace: Md

Name of person giving information: Charley Wierly; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: accident; How long: —

Immediate: Premature Birth; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R R Norris

Address: Parkton Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88516

Name in Full: William C. Wilkinson

CERTIFICATE OF [illegible]

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bengies; County: Balto

Date of death 1904	Month	Day	Age: Years	Months	Days
	Apr	2	74	11	13

Sex: male

Color or Race: white

Birthplace: md

Married, Single or Widowed: Married

Occupation: Farmer

Name of Wife ~~or Husband~~: Narcissa Wilkinson

Father's Name: Linza Wilkinson

Father's Birthplace: md

Mother's Maiden Name: Penfurance Carbuck

Mother's Birthplace: md

Name of person giving Information: Narcissa Wilkinson

How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of heart — How long: several yrs

Immediate: — How long: —

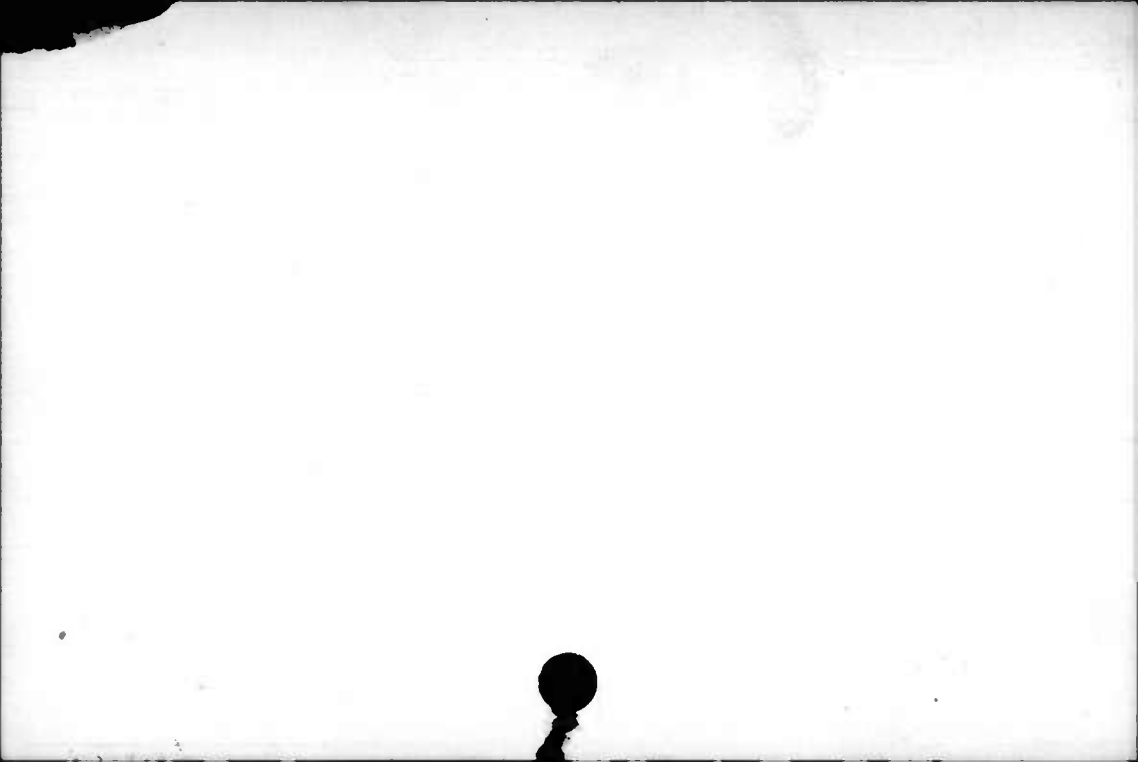
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John W Hanna M D

Address: Middle Run

Accident or Suicide? no

LIBRARY BUREAU A6818



Name in Full: Charles Bohn Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Balto.

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age Years	Months	Days
1904	4	11	27	8	6

Sex: Male | Color or Race: Col | Birthplace: Md.

Occupation: Hatter | Where Residing if not at place of death: —

Married, ~~Single~~ Widowed | Name of Husband: Amelia V. Williams

Father's Name: Alex Williams | Father's Birthplace: Md.

Mother's Maiden Name: Ellen Dorsey | Mother's Birthplace: Md.

Name of person giving Information: Amelia V. Williams | How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

		How long
Primary	Phthisis Pulmonalis	10 Months
Immediate	Cardiac Asthenia	5 Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Ruzelon Benn

Address: Towson Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A68516

R. A. Elliott

City

Name in Full: Jos Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson — County: Baltimore

Date of death 1904: Month: April — Day: 2 — Years: — Months: + — Days: 4 ~~5~~

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male. — Color or Race: Colored — Birthplace: Towson.

Occupation: — — Where Residing if not at place of death: Towson.

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Jas. Williams — Father's Birthplace: Md.

Mother's Maiden Name: Margaret Myers — Mother's Birthplace: Md.

Name of person giving information: Mrs Williams — How related to deceased: Nurse.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Obstruction of bowels — How long: 2 days

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: H A Janeto

Address: Towson, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A83516

John Burns Sons

Musical Brewers

London

Name in Full: Hannah H. Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sorrento — County: Bucks

Date of death: 1904 — Month: 4 — Day: 8

Age — Years: 85 — Months: — Days: —

Sex: Fem — Color or Race: White — Birthplace: N.Y.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: (Widow) — Name of Wife or Husband: John Wilson

Father's Name: Wm Hunt — Father's Birthplace: N.Y.

Mother's Maiden Name: Unknown — Mother's Birthplace: —

Name of person giving Information: Mrs Bayley — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Influenza — How long: 3 wks

Immediate: Cerebral Hem[orrhage] — How long: 4 wks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fred H. Cosby

Address: Sorrento Me

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Still Born

110

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Kingsville — County: Balto

Date of death	Month	Day	Age — Years	Months	Days
1904	April	20			

Sex: Female — Color or Race: white — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Joseph winkler S. — Father's Birthplace: Germany

Mother's Maiden Name: Mary Costa — Mother's Birthplace: Md.

Name of person giving Imformation: Joseph Winkler — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. Holzach

Address: Fork Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Augusta W. C. Witte

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Baltimore

Date of death 1904: Month: 4 — Day: 29 — Age: Years: 62 — Months: 8 — Days: 8

Sex: Female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: August Witte

Father's Name: Samuel Hamilton — Father's Birthplace: Germany

Mother's Maiden Name: Johanna Schirmer — Mother's Birthplace: Germany

Name of person giving information: August Witte — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 4 hours

Immediate: Pneumonia — How long: 4 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. J. Wellmann M.D.

Address: 1114 C. Myrtle

Accident or Suicide? No

Name in Full: Elmer Lloyd Woods

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Balt

Date of death 1904	Month	Day	Age: Years	Months	Days
	April	20	—	—	16

Sex: M — Color or Race: White — Birthplace: Balt County

Married, Single or Widowed — Occupation: None

Name of Wife or Husband:

Father's Name: Geo. W. Woods — Father's Birthplace: Md.

Mother's Maiden Name: Grace E. Glaspy — Mother's Birthplace: Md

Name of person giving In formation: Geo. W. Woods — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Inanition — How long: Life

Immediate: Exhaustion — How long: Life

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David W. Jones

Address: 3116 O'Donnell St.

Accident or Suicide?

LIBRARY BUREAU A82515

H. Sands Sons

Mount Carmel

Name in Full: James Zeffranski

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point County: Balto.

Date of death: Month: apr. Day: 6 Years: Age about 30 Months Days

Sex: Male Color or Race: White Birthplace

Occupation: Laborer Where Residing if not at place of death

Married, Single or Widowed: Married Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information: Jos Blair J P How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary How long

Immediate: accident How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jos Blair J. P.

Address: Sparrows Point Md.

Accident or Suicide? accident

PHYSICIAN OR CORONER

LIBRARY BUREAU A88818

Name in Full: Stillborn Child of Emma & William Zuland

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highlandtown — County: Baltimore

Date of death 190 4 — Month: 4 — Day: 6

Age — Years: — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Highlandtown

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: William Zuland — Father's Birthplace: Baltimore

Mother's Maiden Name: Emma Hanke — Mother's Birthplace: Baltimore

Name of person giving information: William Zuland — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long:

Immediate: Unknown — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ellen Smith

Address: 504 S. Washington St.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A86316